

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Hernandez et al.

Title: CANTILEVER SUPPORTED
VEHICLE SEAT AND SYSTEM

Appl. No.: To be determined

Filing Date: 11/04/03

Examiner: To be determined

Art Unit: To be determined

CERTIFICATE OF EXPRESS MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450.	
EL 979076878 US (Express Mail Label Number)	11/04/03 (Date of Deposit)
Roberta A. Cooper (Printed Name)	
<i>Roberta A. Cooper</i> (Signature)	

UTILITY PATENT APPLICATION
TRANSMITTAL

Mail Stop PATENT APPLICATION
Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

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Enclosed are:

- ☒ Specification, Claim(s), and Abstract (22 pages).
- ☒ Informal drawings (8 sheets, Figures 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12).
- ☒ Information Disclosure Statement (2 pages).
- ☒ Form PTO/SB/08 with 26 listed reference(s) (1 page).
- ☒ Application Data Sheet (37 CFR 1.76) (6 pages).

The filing fee is calculated below:

	Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee				\$770.00	\$770.00
Total	44	- 20	= 24	x \$18.00	= \$432.00
Claims:					
Independ	3	- 3	= 0	x \$86.00	= \$0.00
ents:					
If any Multiple Dependent Claim(s) present:				+ \$290.00	= \$0.00
				SUBTOTAL:	= \$1202.00
<input type="checkbox"/> Small Entity Fees Apply (subtract 1/2 of above):					= \$0.00
				TOTAL FILING FEE:	= \$1,202.00

- ☒ Check number 13185 in the amount of \$1,202.00 to cover the filing fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 11-04-03

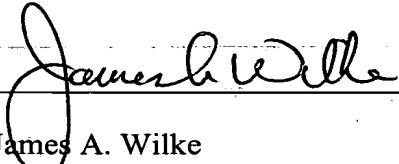
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